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AUTHOR Caroleo, Orazio
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ABSTRACT

This newsletter addresses the nutritional needs of people with acquired immune deficiency syndrome (PWAs) which are of concern to recreational professionals who are responsible for providing leisure services for them. Recreation professionals need to incorporate into their programs nutritional counseling, food banks or referrals to such, healthy meals, a wide variety of leisure activities, leisure counseling, fitness programs, and unlimited opportunities for social interaction. A list is provided of the most common food-related problems of PWAs and methods to enhance their food consumption. (JD)

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NUTRITIONAL INTERVENTION FOR PEOPLE WITH AIDS

Orazio Caroleo

Refreshments, snacks, socials and popcorn parties are some of the activities recreation and leisure professionals have been organizing and encouraging participation in for years. We are all aware of the importance of good nutritious foods and yet we often overlook the dietary complications and guidelines of specific populations.

As the number of people with AIDS (PWAs) and HIV infection continue to grow we will all be faced with organizing and planning recreation programs with their specific needs in mind. The nutritional needs of PWAs are significant and must be taken into consideration by our profession. Recreation activities are the ideal place to address and help meet these unique dietary concerns.

Much of a PWA's monetary funds are quickly depleted by the high costs of housing, doctor bills and prescription drugs, leaving little excess for leisure activities and nutritional support. Recreation professionals who are addressing the need for leisure participation focusing on improving the "quality of life" need to look at, and incorporate an "enhancement of life" service.

Quality of life refers to a higher level of satisfaction with one's life, a goal that therapeutic recreation can assist individuals in achieving. To achieve this satisfaction, one must feel good about oneself both physically and psychologically. For PWAS, proper nutrition and education regarding dietary complications of the disease are essential since nutrition plays a serious role in one's physical and psychological being. Therefore, enhancement of life for PWAs includes appropriate nutritional intake.

Recreation professionals need to incorporate into their recreation programs, nutritional counseling, food banks or referrals to such, healthy meals, a wide variety of leisure activities, leisure counseling, fitness programs and, unlimited opportunities for social interaction.

Many PWAs have a tendency to isolate themselves. This isolation can be detrimental. Increased isolation and illness symptoms lead to decreased food consumption. PWAs are faced with a battery of diseases that involve the gastrointestinal tract (see table 1) which lead to decreased food consumption. The spectrum of nutritional problems associated with the disease and medication are: loss of appetite, nausea, diarrhea, fat and lactose intolerance, pain on swallowing, a hypermetabolic state, anorexia, cleanliness of food and fatigue. A hypermetabolic state which causes PWAs to "waste away" is quite serious and common, one that recreation programs can have a positive impact on by providing meals and healthy high caloric snacks. Just as isolation decreases food consumption, increased socialization and eating with a group

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TABLE 1

DISEASES INVOLVING THE GASTROINTESTINAL TRACT
ASSOCIATED WITH ACQUIRED IMMUNODEFICIENCY SYNDROME

Mouth and Oropharynx

1. Oral candidiasis (thrush)
2. Herpes simplex ulcers
3. Kaposi's Sarcoma (treatment)
4. Stomatitis
5. Mucositis (drug or radiation reaction)

Esophagus

1. Candidiasis
2. Herpes simplex
3. Cytomegalovirus
4. Kaposi's Sarcoma

Stomach

1. Kaposi'Sarcoma
2. Non-Hodgkin's Lymphoma

Rectum

1. Chamydia
2. Gonococcus
3. Cloacogenic carcinoma

Small Intestine

1. AIDS enteropathy
2. Cryptosporidia
3. Mycobacterium Avium Intracellulare
4. Kaposi's Sarcoma
5. Lymphoma
6. Salmonella

Large Intestine

1. AIDS enteropathy
2. Cytomegalovirus
3. Shigella
4. Kaposi's Sarcoma
5. Non-Hodgkin's Lymphoma
6. Mycobacterium tuberculosis
7. Mycobacterium Avium Intracellulare

Copied from AIDS and Nutrition: Drug Nutrient Interaction, by Jodine Wetzler, M.S., R.D.

increases food consumption. Increased food consumption leads to increased energy and positive self image.

Even though there is an increase in printed material on nutrition and AIDS there remains no "standardized" guidelines to follow. Each person's nutritional concerns and needs are unique unto the individual and are based on related illness, current medications, current physical and biochemical condition, cultural differences and family medical history.

While we may seek to provide individually tailored methods for better health through improved nutrition this should be performed by a qualified nutritionist. In the United States the nutrition profession is not regulated, therefore, anyone can call him/herself a nutritionist. The best qualified person to implement nutritional counseling is a registered dietitian (R.D.) with experience in the individual assessment of HIV-related illnesses.

Standardized guidelines will probably never materialize since nutrition and AIDS is unique for each person. However, we can accomplish a great deal by providing enhancement of life services to improve a PWA's nutrition and by creating an environment which may help promote immune function. Persons who are immune suppressed are more susceptible to illness resulting from foodbourne bacteria and parasites. Additionally, these illnesses represent a greater danger in terms of length and severity to such individuals. While experience makes it obvious that not every piece of raw fish or beef will be harmful, the danger is sufficiently great so the following list is recommended for proper food handling:

1 - Do not serve any raw beef, lamb, pork, organ meats, poultry, fish or eggs.
2 - Eggs are potentially dangerous, due to salmonella. The Centers for Disease Control recommends:
    Do not use eggs with cracks in the shell;
    Boil eggs for a minimum of 7 minutes;
    Fry eggs 3 minutes on both sides;
    Scrambled eggs should not be runny; and,
    Foods with raw or partially cooked eggs should be avoided, such as: homemade mayonnaise, ice cream and eggnog, raw cake or cookie batters which contain eggs, Caesar salad, and hollandaise sauce.
3 - Thaw frozen meats and poultry on a plate in the refrigerator - not at room temperature
4 - Use a solution of 1 part bleach to 8 parts water to clean all utensils and surfaces, especially cutting boards which have touched raw meat, fish, poultry or eggs.
5 - Fresh fruits and vegetables should be scrubbed thoroughly to remove bacteria, germs and pesticide residue.

Many PWAs look for and utilize several different diets known as alternative nutrition therapies. It is not necessary that recreation programs incorporate them into meals or snacks; however, it is important that we are aware of them and understand what they

are. The most common are:

1 - Macrobiotics: strictly vegetarian, primarily grains, nuts and beans and based on a life philosophy.
2 - Yeast Free Diet: a diet based on the elimination of yeast, cheeses, sugar and sugar-containing foods and molds to help reduce candida and eliminate thrush.
3 - Immune Booster Diet: based on the concept that certain foods enhance the immune system.
4 - Mucous Free Diet: diets which avoid milk and dairy products.
5 - AL-721: substance made from egg lecithin that people use as a spread on bread or mixed into shakes.

Alternative nutrition therapies may be helpful for some people, however special diets need to be evaluated. The following criteria may be helpful, special diets should not

1) contain substances in amounts that may be physically harmful;
2) reduce the needed calories and protein necessary to sustain life; and,
3) limit the varieties of food one can consume.

Nutritionists are beginning to study a variety of alternative nutrition therapies to help determine their validity. For example, macrobiotic meals were once highly recommended for PWAs by their peers and some nutritionists. After several studies on this diet therapy, strict macrobiotic meals were found to be nutritionally and calorically deficient.

The number of nutritional problems associated with HIV infection and AIDS are innumerable and recreation professionals need not know all of them. But, if your program has food, meals or snacks you will be asked for advice by your clients. The following is a list, compiled by the Bureau of Nutrition, of the most common problems and methods to enhance food consumption.

LOSS OF APPETITE

PWAs should;

1 - Eat small, frequent meals and snacks daily. Drink after meals, because fluids during meals may cause a full stomach.
2 - A PWA's appetite may be best in the morning, so they should eat a large breakfast or eat "dinner" foods early in the day.
3 - Increase protein and calories without adding volume to food. Add nonfat dry milk powder to milk, soups, eggs, meats, potatoes, casseroles, sauces or gravies.
4 - Choose fish, poultry, beans, eggs or cheese if you lose your taste for meat. Try high protein beverages - milkshakes or malted or soups if you are unable to eat solid foods.

Recreation professionals should;

1 - Serve food attractively. Garnish dishes with fruit, vegetable slices, lemon wedges, fresh parsley or paprika.
2 - Create a pleasant, relaxed environment for eating. Play soft

music, set the table, and decorate the table with flowers or candles. Invite a friend to eat with you.

SORE MOUTH OR DIFFICULTY WITH SWALLOWING

PWAs should eat:
1 - Foods that are soft like baked fish, ground beef, macaroni and cheese or a soft boiled egg;
2 - Foods that are mashed or pureed in a blender like fruits and vegetables;
3 - Foods moistened with sauce, gravy or broth;
4 - Canned fruits or fruits with skin and seeds removed.

PWAs should drink with a straw:
1 - High calorie and protein beverages such as milkshakes; and
2 - Non-acidic juices like grape or apple juice.

PWAs should avoid:
1 - Acidic citrus fruits or juices;
2 - Foods hard to swallow such as nuts, raisins, seeds and popcorn;
3 - Foods hard to chew such as raw vegetables and firm, fresh fruits;
4 - Foods that are spicy; and
5 - Foods that are very hot or cold.

DIARRHEA

PWAs should drink:
1 - Water, fruit or vegetable juices or broth to replace fluid and mineral losses. Popsicles, fruit ices, and fruited gelatin can also replace fluid losses.

PWAs should eat:
1 - Small portions of food slowly.
2 - Canned or cooked fruits and vegetables that are low in dietary fiber. Bulky, high fiber foods may promote diarrhea. These foods include fresh fruits with skin or seeds, raw vegetables, whole grain breads and cereals, beans and nuts.

PWAs should substitute:
1 - Foods low in lactose (milk sugar) for high lactose foods. Use soy based milk, lactose reduced mild or nondairy creamer instead of high lactose foods like milk, cheese, yogurt, ice cream, sherbet, pudding, custard, cream, malted milk, milk chocolate, instant cocoa, and cream soups.

PWAs should avoid:
1 - Fried foods and high fat foods such as cold cuts, frankfurters, pastry, nuts, chips, salad dressings, margarine, butter, cream, oils, mayonnaise, sauces, and gravy.

NAUSEA AND VOMITING

PWAs should drink:

1 - Liquids slowly between meals to replace fluid losses.

PWAs should eat:

1 - Small, frequent meals and snacks slowly;
2 - Dry crackers or toast in the morning before getting out of bed to prevent having an empty stomach;
3 - Foods that are baked, boiled, roasted, broiled, or stewed instead of fried;
4 - Foods that are salty like crackers or soup to replace sodium losses; and
5 - Foods that are mildly flavored.

PWAs should prepare:

1 - Foods in large portions such as casseroles when they feel well. Freeze leftovers and then reheat them thoroughly; and
2 - Eat in a cool, comfortable room.

PWAs should get fresh air:

1 - Open windows while cooking;
2 - Eat in a cool, comfortable room; and
3 - Take a walk after eating.

The number of recreation programs for PWAs is increasing rapidly, with most planning programs that focus on improving one's physical functioning, psychological well-being and leisure life style while decreasing social isolation. Many of these programs have already incorporated nutrition components. The Gay Men's Health Crisis in New York City has incorporated the most comprehensive nutrition department. It consists of three key components:

1 - Nutritional Education - which includes individual counseling, group forums and education workshops all of which provide clients with a better understanding of:
   a) nutritional concerns;
   b) information on assessing and monitoring nutritional needs and food intake;
   c) importance of eating food in group settings; and
   d) enjoyment of eating as a leisure experience.
2 - Cooking Classes - which provide clients with the opportunity to participate in and learn proper food preparation, storage, simple cooking techniques and preparing foods for special diets. These classes not only provide education but also reduce isolation through social interaction.
3 - Meals/Socials - which provide clients the opportunity to socialize and sample a variety of foods through five well balanced meals per week.

Many recreation programs may not have the available funds or the facilities to provide a program similar to the one described above. However, regardless of funds and facility, recreation programs can incorporate some aspects of nutrition. The following list may be helpful in meeting these needs:

1 - Gather and disseminate nutritional information to clients.
2 - Develop a resource guide which lists appropriate food services, food banks, pantries and recommend nutritionists.
3 - Organize nutritional forums to facilitate discussions on nutrition. Encourage clients to share information. Many PWAs have developed effective eating strategies. Use this forum to distribute information and resource guide.
4 - When serving snacks, remember the higher the calories the better. Instead of popcorn and soda try peanut butter and crackers, popsicles, fruit and cheese. If you use popcorn, serve it buttered. In the U.S. many organizations are eligible for government surplus foods such as cheese, powdered milk and, butter, these items help keep the budget down. Instead of soda try milkshakes and banana flips as clients enjoy making them.
5 - Take some time to decorate food and place candles and flowers on tables. If the food looks inviting clients are more apt to consume greater quantities.
6 - Use volunteer nutritionists. Outreaching to local hospitals, universities, departments of health and health care agencies is a helpful way to fill these positions.

Recreation professionals have responded to the AIDS epidemic wholeheartedly; programs have been developed, world wide networking has taken place and, recreation/leisure departments at universities have implemented course curriculums to educate the students as well as working professionals. Our universal goal is to provide the best possible service to our clients. To meet this goal the momentum must not subside. Incorporating nutritional components in recreation programs is one way to meet our goal.

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